

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 3 — 0 5

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID) Medicaid

4. PROPOSED EFFECTIVE DATE

July 1, 2002

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

See Attached

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 4,500,000

b. FFY 2003 \$ 4,500,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19 A&B
pages 37 - 39, 45 - 47.9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 4.19 A&B
pages 37 - 41 (98-1) and 45-47.

10. SUBJECT OF AMENDMENT:

This amendment is needed to reflect changes to physician reimbursement
rates.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Georges C. Benjamin, M.D.

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 27, 2002

16. RETURN TO:

Susan J. Tucker, Executive Director
OHS - DHMH
201 West Preston Street, Suite 124
Baltimore, Maryland 21201

REMARKS:

Reimbursement: Obstetrical and Pediatric Services

1. As of July 1, 2002 physicians, certified nurse practitioners and certified nurse midwives are reimbursed the lower of their customary fee or the Program's maximum fee as indicated below:

| CPT Code | Description of Service | Upper Limit | Hospital Outpatient |
|-------------|------------------------|----------------|------------------------|
|-------------|------------------------|----------------|------------------------|

OFFICE AND OTHER OUTPATIENT MEDICAL SERVICES**New Patient**

| | | | |
|-------|---------------------------------|---------|---------|
| 99201 | Office/outpatient visit, min | \$28.53 | \$10.00 |
| 99202 | Office/outpatient visit, mod | 51.54 | 15.59 |
| 99203 | Office/outpatient visit, extend | 76.80 | 20.76 |
| 99204 | Office/outpatient visit, compr | 109.12 | 22.73 |
| 99205 | Office/outpatient visit, compl | 138.63 | 27.73 |

Established Patient

| | | | |
|-------|---------------------------------|-------|-------|
| 99211 | Office/outpatient visit, min | 17.12 | 10.00 |
| 99212 | Office/outpatient visit, mod | 30.39 | 10.00 |
| 99213 | Office/outpatient visit, extend | 42.18 | 13.61 |
| 99214 | Office/outpatient visit, compr | 66.14 | 17.40 |
| 99215 | Office/outpatient visit, compl | 96.83 | 21.52 |

Office or Other Outpatient Consultations

| | | | |
|-------|------------------------------|--------|-------|
| 99241 | Office consultation, limited | 39.37 | 11.93 |
| 99242 | Office consultation, interm | 72.77 | 19.67 |
| 99243 | Office consultation, extend | 96.72 | 22.49 |
| 99244 | Office consultation, compr | 137.13 | 27.43 |
| 99245 | Office consultation, compx | 177.55 | 35.51 |

Confirmatory Consultations

| | | |
|-------|------------------------------------|--------|
| 99271 | Confirmatory consultation, limited | 34.89 |
| 99272 | Confirmatory consultation, interm | 54.23 |
| 99273 | Confirmatory consultation, extend | 72.38 |
| 99274 | Confirmatory consultation, compr | 97.70 |
| 99275 | Confirmatory consultation, compx | 123.65 |

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Supersedes

TN No. 98-1

| CPT Code | Description of Service | Upper Limit | Hospital Outpatient |
|----------|------------------------|-------------|---------------------|
|----------|------------------------|-------------|---------------------|

HOME SERVICES

New Patient

| | | | |
|-------|--------------------|---------|--|
| 99341 | Home visit, min | \$48.81 | |
| 99342 | Home visit, mod | 36.50 | |
| 99343 | Home visit, extend | 109.59 | |
| 99344 | Home visit, compr | 141.73 | |
| 99345 | Home visit, compl | 173.93 | |

Established Patient

| | | | |
|-------|----------------------|--------|--|
| 99347 | Home visit, minor | 38.66 | |
| 99348 | Home visit, mod | 61.60 | |
| 99349 | Home visit, mod-high | 95.35 | |
| 99350 | Home visit, mod-high | 138.63 | |

PROLONGED SERVICES

| | | | |
|-------|-------------------------------|-------------|--|
| 99354 | Prolonged service, 1st hour | 99.68 | |
| 99355 | Prolonged service, add ½ hour | 92.86 | |
| 99358 | Prolonged E & M, 1st hour | Not covered | |
| 99359 | Prolonged E & M, add ½ hour | Not covered | |

PREVENTIVE MEDICINE SERVICES

New Patient

| | | | |
|-------|----------------------------|-------|---------|
| 99381 | Prev visit, new, infant | 83.10 | \$22.46 |
| 99382 | Prev visit, new, age 1-4 | 89.42 | 24.17 |
| 99383 | Prev visit, new, age 5-11 | 87.56 | 23.66 |
| 99384 | Prev visit, new, age 12-17 | 95.06 | 25.69 |
| 99385 | Prev visit, new, age 18-39 | 95.06 | 25.69 |

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|-------------|------------------------|----------------|------------------------|
|-------------|------------------------|----------------|------------------------|

PREVENTIVE MEDICINE SERVICES

Established Patient

| | | | |
|-------|----------------------------|---------|--------|
| 99391 | Prev visit, est, infant | \$62.87 | \$9.65 |
| 99392 | Prev visit, est, age 1-4 | 70.38 | 21.99 |
| 99393 | Prev visit, est, age 5-11 | 69.44 | 21.70 |
| 99394 | Prev visit, est, age 12-17 | 77.31 | 24.16 |
| 99395 | Prev visit, est, age 18-39 | 78.24 | 24.45 |

Counseling or Risk factor Reduction Intervention

Individual Counseling

| | | |
|-------|-----------------------------|-------------|
| 99401 | Prev health counsel, 15 min | Not covered |
| 99402 | Prev health counsel, 30 min | Not covered |
| 99403 | Prev health counsel, 45 min | Not covered |
| 99404 | Prev health counsel, 60 min | Not covered |

Group Counseling

| | | |
|-------|-----------------------------|-------------|
| 99411 | Prev health counsel, 30 min | Not covered |
| 99412 | Prev health counsel, 60 min | Not covered |

Other Preventive Medicine Services

| | | |
|-------|------------------------------------|-------------|
| 99420 | Health risk test | Not covered |
| 99429 | Unlisted preventive health service | By Report |

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|-------------|------------------------|----------------|

EPSDT SCREENING CODES

Local EPSDT screening codes W9075, W9076, W9077, W9078 have been replaced by CPT Preventive Medicine Services codes 99381 - 99385 and 99391 - 99395. Fees for these services are found on pages 38 and 39. Local vision screen code W0609 has been replaced by CPT code 99173.

| | | |
|-------|----------------------|--------|
| 99173 | Vision screen | \$4.80 |
| 92551 | Hearing screen | 4.00 |
| 99178 | Developmental screen | 12.50 |

IMMUNIZATION INJECTIONS

Vaccines for Children Program

Childhood vaccines received at no cost from the federal Vaccines for Children Program (VFC) are not reimbursable services. A \$10 vaccine administration fee is reimbursed for each vaccine administered under this program to eligible recipients under age 19.

| | | |
|-------|---|-------|
| 90371 | Hepatitis B immune globulin | 10.00 |
| 90645 | Hemophilus influenza b, HbOC conj | 10.00 |
| 90646 | Hemophilus influenza b, PRP-D conj | 10.00 |
| 90647 | Hemophilus influenza b, PRP-OMP | 10.00 |
| 90648 | Hemophilus influenza b, PRP-T conj | 10.00 |
| 90657 | Influenza virus, split, 6-35 months | 10.00 |
| 90658 | Influenza virus, split, 3 years/above | 10.00 |
| 90669 | Pneumococcal conj, polyvt, under 5 | 10.00 |
| 90700 | Diphtheria, tetanus tox, acell pertussis | 10.00 |
| 90702 | Diphtheria and tetanus toxoids | 10.00 |
| 90707 | Measles, mumps and rubella virus | 10.00 |
| 90712 | Poliovirus, live, oral | 10.00 |
| 90713 | Polio virus, inactivated | 10.00 |
| 90716 | Varicella virus, live | 10.00 |
| 90718 | Tetanus toxoid and diphtheria | 10.00 |
| 90720 | Diphtheria, tetanus toxoids, whole cell pertussis and hemophilus influenza b | 10.00 |
| 90721 | Diphtheria, tetanus toxoids, acellular pertussis and hemophilus influenza b | 10.00 |
| 90743 | Hepatitis B, adolescent 2 dose | 10.00 |
| 90744 | Hepatitis B, ped/adoles 3 dose | 10.00 |
| 90748 | Hepatitis B and hemophilus influ b | 10.00 |

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|----------|------------------------|-------------|
|----------|------------------------|-------------|

Other Vaccines/Toxoids/Immune Globulins

Non-VFC vaccines, toxoids and immune globulins are reimbursed at the provider's acquisition cost.

| | | |
|-------|--|------|
| 90378 | Respiratory syncytial virus immune globulin | A.C. |
| 90379 | Respiratory syncytial virus immune globulin | A.C. |
| 90633 | Hepatitis A vaccine, peds/adoles 2-dose | A.C. |
| 90634 | Hepatitis A vaccine, peds/adols 3-dose | A.C. |
| 90701 | Diphtheria, tetanus toxoids, whole cell pertussis | A.C. |
| 90703 | Tetanus toxoid adsorbed | A.C. |
| 90704 | Mumps virus vaccine, live | A.C. |
| 90705 | Measles virus vaccine, live | A.C. |
| 90706 | Rubella virus vaccine, live | A.C. |
| 90708 | Measles and rubella virus vaccine, live | A.C. |
| 90709 | Rubella and mumps virus vaccine, live | A.C. |
| 90710 | Measles, mumps, rubella, varicella, live | A.C. |
| 90719 | Diphtheria toxoid | A.C. |
| 90723 | Diphtheria, tetanus toxoids, acellular pertussis, Hepatitis B, poliovirus vaccine, inactivated | A.C. |
| 90749 | Unlisted vaccine/toxoid | A.C. |

NEWBORN CARE

| | | |
|-------|--|---------|
| 99431 | History and examination of normal newborn | \$47.34 |
| 99432 | Normal newborn care other than hosp/birthing | 73.90 |
| 99433 | Subsequent hospital care normal newborn | 25.18 |
| 99435 | History and examination normal newborn | 62.19 |
| 99436 | Attendance at delivery/initial stabilization | 60.65 |
| 99440 | Newborn resuscitation | 126.27 |

NEONATAL INTENSIVE CARE

| | | |
|-------|--|--------|
| 99295 | Initial neonatal intensive care | 621.42 |
| 99296 | Subsequent neonatal intensive care, unstable | 319.02 |
| 99297 | Subsequent neonatal intensive care, stable | 160.82 |
| 99298 | Subsequent neonatal intensive care, low birth wt | 113.50 |

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|-------------|------------------------|----------------|
|-------------|------------------------|----------------|

2. Between July 1, 1994 and June 30, 1995, obstetricians, family practitioners, and certified nurse midwives were reimbursed the lower of their customary fee or the Program's maximum fee indicated below:

DELIVERY, ANTEPARTUM AND POSTPARTUM CARE

| | | |
|-------|--|-------------|
| 59400 | Global OB care, vaginal delivery | Not used |
| 59409 | Vaginal delivery only | \$856.44 |
| 59410 | Vaginal delivery only, inc. ppc | 890.76 |
| 59412 | Turning of fetal position | 50.00 |
| 59414 | Delivery of placenta only | 42.32 |
| 59425 | Antepartum care only, 4-6 visits | 31.75/visit |
| 59426 | Antepartum care only, 7 or more visits | 31.96/visit |
| 59430 | Postpartum care only | 31.73 |

Most providers in Maryland bill for antepartum care using the appropriate office medical visit code and a V22 or V23 diagnosis code.

CESAREAN DELIVERY

| | | |
|-------|--|----------|
| 59510 | Global cesarean care | Not Used |
| 59514 | Cesarean delivery only | \$892.40 |
| 59515 | Cesarean delivery, inc. ppc | 939.03 |
| 59525 | Subtotal or total hysterectomy after c-sec | 178.00 |

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